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Application Number Filing Dale MULTIPLE DEPENDENT CLAIM **FEE CALCULATION SHEET** Applicant(s) Substitute for Form PTO-1360 (For use with Form PTO/88/06) May be used for additional claims or amendments CLAIMS 5-06 AFTER FIRST AFTER SECOND AMENDMENT **AMENDMENT** Depend Indep Indep Depend Indep Depend Depend Indep Depend Depend -52 .63 56 57 60 62 63 65 16 66 17 67 18 68 69 70 71 72 73 74 75 76 27 77 78 79 60 31 81 82 83 84 85 86 37 87 38 88 69 40 90 41 91 42 92 93 94 45 95 96 47 98 49 99 50 100 Total Total Indep Indep Total Depend Depend

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